



# HEALTH CARE FINANCIAL RESOURCES

*The following information is listed for your convenience. Inclusion of any organization should not be construed as an endorsement of the accuracy of, or support for, the information or views expressed by the organization nor does this guarantee the program.*

ORGANIZATION	AMOUNT	TYPE OF FINANCIAL ASSISTANCE OFFERED	CONTACT INFORMATION
American Kidney Fund (AKF)	Varies	<ul style="list-style-type: none"> <li>• Treatment-specific expenses e.g. transportation to dialysis center, over-the-counter medicines, medication co-payments, kidney donor expenses and other necessities such as dentures</li> <li>• Medications, nutritional products, and durable medical supplies. The AKF has contracted with ECHO Pharmacy®, a mail order pharmacy, to provide medications and supplies at discount prices, increasing the purchasing power of patients' grants.</li> <li>• Disaster relief assistance when catastrophic events strike dialysis patients and provides funds to assist patients replace medications, food and household items and pay for other necessities lost because of disasters such as flooding, hurricanes, etc.</li> <li>• The cost of dialysis while traveling may be reimbursed for the 20% of treatment costs not covered by Medicare or any other source for emergency transient dialysis. Grants are limited to travel necessitated by death or serious illness in the family or for the purpose of kidney transplant workup only.</li> </ul>	<ul style="list-style-type: none"> <li>• (800) 638-8299</li> <li>• Contact your Social worker who can apply on your behalf</li> </ul>
Brain Tumor Society (BTS) CARES	Grants of up to \$2,000 / family / year	<ul style="list-style-type: none"> <li>• Local transportation for appointments related to brain tumor diagnosis</li> <li>• Home health assistance related to brain tumor diagnosis</li> <li>• Home adaptations related to brain tumor diagnosis</li> <li>• Child care</li> </ul>	<ul style="list-style-type: none"> <li>• (800) 770-8287</li> <li>• Call to get an application or download at <a href="http://www.tbts.org">www.tbts.org</a></li> <li>• <b>Direct medical expenses will not be covered</b></li> </ul>
Cancer Care	Varies	<p><b>Breast Cancer</b></p> <ul style="list-style-type: none"> <li>• Assistance for homecare, childcare and transportation. In partnership with the Avon Foundation.</li> <li>• Assistance for hormonal and oral chemotherapy, pain and anti-nausea medication, lymphedema supplies and durable medical equipment. In partnership with the Susan G. Komen Breast Cancer Foundation.</li> </ul>	<ul style="list-style-type: none"> <li>• (800) 813-HOPE (4673)</li> <li>• Website: <a href="http://www.cancercare.org/get_help/assistance/cc_financial.php">http://www.cancercare.org/get_help/assistance/cc_financial.php</a></li> </ul>

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		<p><b>All Cancers (excluding Breast Cancer)</b></p> <ul style="list-style-type: none"> <li>Assistance for men and women for homecare, childcare, transportation, and pain medication. The Touching Hearts program funded by the Mary Kay Ash Charitable Foundation and San Diego area funded by the WebMD Foundation.</li> </ul> <p><b>Children (ages 18 and under; all cancers)</b></p> <ul style="list-style-type: none"> <li>Limited financial assistance for homecare, childcare, transportation, medication and co-pays. Funded by many generous individual donors.</li> </ul>	<ul style="list-style-type: none"> <li>Download our financial assistance application in <a href="#">English</a>  or en <a href="#">español</a> .</li> <li><b>Grants are not for basic living expenses such as rent, mortgages, utility payments or food.</b></li> </ul>
Caring Voice Coalition, Inc.	Varies	<p><b>Insurance premium assistance:</b></p> <ul style="list-style-type: none"> <li>Grants are designed for situations when a patient has health insurance coverage but does not have enough income to pay the premium required to maintain the coverage.</li> </ul> <p><b>Insurance co-payment assistance:</b></p> <ul style="list-style-type: none"> <li>Grant is designed for situations when a patient can afford health insurance premium but cannot pay their co-payment responsibility.</li> </ul> <p><b>Medicare prescription drug assistance:</b></p> <ul style="list-style-type: none"> <li>Grant is designed for situations when a patient does not have enough income to pay those amounts.</li> </ul> <p><b>Offers assistance only to:</b></p> <ul style="list-style-type: none"> <li>Alpha-1 Antitrypsin Deficiency (Alpha-1)</li> <li>Chronic Granulomatous Disease (CGD)</li> <li>Idiopathic Pulmonary Fibrosis (IPF)</li> <li>Pulmonary Arterial Hypertension (PAH)</li> </ul>	<ul style="list-style-type: none"> <li>Toll-free: (888) 267-1440 or (804) 427-6468</li> <li>Website <a href="http://www.caringvoice.org/">http://www.caringvoice.org/</a></li> <li>Caring Voice Coalition 8249 Meadowbridge Road Mechanicsville, VA 23116</li> <li>E-mail: <a href="mailto:CVCInfo@caringvoice.org">CVCInfo@caringvoice.org</a></li> </ul>
Chronic Disease Fund	Varies	<ul style="list-style-type: none"> <li>Co-Pay Assistance Program for the under-insured</li> <li>Free therapy management services</li> <li>Visit the following link to see which diseases are supported <a href="http://www.cdfund.org/Patient/Diseases_medications.aspx">http://www.cdfund.org/Patient/Diseases_medications.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>(877) 968-7233</li> <li>Website <a href="http://www.cdfund.org">www.cdfund.org</a></li> </ul>

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Colorectal Care Line	Varies	<ul style="list-style-type: none"> <li>• Temporary housing assistance as a result of treatment</li> <li>• Reimbursement for transportation to and from treatment</li> <li>• Childcare necessitated by treatment</li> <li>• Food costs incurred as a result of out of town treatment</li> </ul>	<ul style="list-style-type: none"> <li>• (866) 657-8634</li> <li>• Website <a href="http://www.colorectalcareline.org/">http://www.colorectalcareline.org/</a></li> </ul>
Co-Pay Relief Program	Varies	<ul style="list-style-type: none"> <li>• Financial support to insured patients, including Medicare Part D beneficiaries.</li> <li>• The program offers personal service to all patients through the use of call counselors, guiding patients with the enrollment process.</li> <li>• Assists insured patients with breast, lung, prostate, kidney, colon, pancreatic and / or head/neck cancers, malignant brain tumor, lymphoma, sarcoma, diabetes, multiple myeloma, selected Auto-immune disorders.</li> <li>• Assist insured patients with secondary issues as a result of chemotherapy treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• (866) 512-3861</li> <li>• Website <a href="http://www.copays.org/">http://www.copays.org/</a></li> <li>• 700 Thimble Shoals Boulevard, Newport News, VA 23606</li> <li>• Fax: (757) 952-0119</li> </ul>
HealthWell Foundation	Varies	<p>The Foundation provides financial assistance to eligible patients to cover certain out-of-pocket health care costs, including:</p> <ul style="list-style-type: none"> <li>• Prescription drug coinsurance, co-payments, and deductibles</li> <li>• Health insurance premiums</li> <li>• Other selected out-of-pocket health care costs</li> </ul>	<ul style="list-style-type: none"> <li>• (800) 675-8416</li> <li>• Website <a href="http://www.healthwellfoundation.org/index.aspx">http://www.healthwellfoundation.org/index.aspx</a></li> <li>• Email <a href="mailto:info@healthwellfoundation.org">info@healthwellfoundation.org</a></li> <li>• The HealthWell Foundation® P.O. Box 4133 Gaithersburg, MD 20878</li> <li>• Fax: (800) 282-7692</li> </ul>

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Leukemia & Lymphoma Society	Maximum of \$ 500 / year	The Leukemia & Lymphoma Society provides supplementary financial assistance to patients in significant financial need.	<ul style="list-style-type: none"><li>• (800) 955-4572</li></ul>

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		<p>Types of services covered by the Patient Financial Aid program:</p> <ul style="list-style-type: none"> <li>• Specific approved drugs related to the treatment/control of leukemia, Hodgkin and non-Hodgkin lymphoma and myeloma.</li> <li>• Processing, typing, screening and cross-matching of blood components for transfusions; infusion of marrow, cord blood or stem cells.</li> <li>• Transportation to and from a doctor's office, hospital, treatment center or Family Support Group.</li> <li>• Initial induction x-ray therapy, x-ray therapy or other procedures according to the specific approval of the national Patient Services Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Website <a href="http://www.healthwellfoundation.org/index.aspx">http://www.healthwellfoundation.org/index.aspx</a></li> <li>• Fill-out and return the convenient <i>online application form</i> in <a href="#">English</a> or in <a href="#">Spanish</a> format</li> </ul>
National Foundation for Transplants	Varies	<ul style="list-style-type: none"> <li>• Call the help line to see what resources are available as they change depending on funding.</li> </ul>	<ul style="list-style-type: none"> <li>• (800) 489-3863</li> <li>• website <a href="http://www.transplants.org">http://www.transplants.org</a></li> </ul>
National Marrow Patient Assistance Program & Financial Assistance Fund	varies	<p><b>Transplant support assistance funds:</b> Help pay for some costs during the first six months after transplant that are not covered by insurance. These funds can be helpful with costs related to:</p> <ul style="list-style-type: none"> <li>• Secondary (temporary) housing, including utility bills if you and your family or caregiver need to relocate</li> <li>• Food for you and your family or caregiver</li> <li>• Parking or mileage for ground transportation</li> <li>• Uncovered post-transplant prescriptions and clinic visits and co-pays</li> <li>• Insurance premiums (to continue your insurance coverage)</li> </ul>	<ul style="list-style-type: none"> <li>• (888) 999-6743</li> <li>• Website <a href="http://www.marrow.org">http://www.marrow.org</a></li> <li>• Financial Assistance Link <a href="http://www.marrow.org/PATIENT/Plan_for_Tx/Planning_for_Tx_Costs/Financial_Assistance_for_Trans/index.html">http://www.marrow.org/PATIENT/Plan_for_Tx/Planning_for_Tx_Costs/Financial_Assistance_for_Trans/index.html</a></li> </ul>

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National Transplant Assistance Fund & Catastrophic Injury Program	Varies	<b>Services that may be covered:</b> <ul style="list-style-type: none"> <li>Insurance premiums, deductibles/co-payments</li> <li>Specially equipped vans and durable medical equipment</li> <li>Home modification</li> <li>Injury</li> <li>Home health care services</li> <li>Physical therapy and vocational rehabilitation</li> <li>Experimental treatments</li> <li>Travel expenses for rehabilitation and treatment</li> <li>Insurance premiums, deductibles and co-pays</li> </ul>	<ul style="list-style-type: none"> <li>(800) 642 8399</li> <li>Website <a href="http://www.transplantfund.org">http://www.transplantfund.org</a></li> <li>Financial Assistance Link <a href="http://www.transplantfund.org/Catastrophic/medical_expenses.cfm">http://www.transplantfund.org/Catastrophic/medical_expenses.cfm</a></li> </ul>
Partnership for Prescription Assistance		<ul style="list-style-type: none"> <li>Medicare Prescription Drug Coverage</li> <li>Access to the Medicines Needed</li> <li>Help with Insurance Premiums and Co-pays</li> </ul>	<ul style="list-style-type: none"> <li>(888) 4PPA-NOW</li> <li>Website <a href="http://www.pparx.org/">http://www.pparx.org/</a></li> </ul>
Patient Access Network Foundation	Varies	<ul style="list-style-type: none"> <li>Treatments needed due to out-of-pocket health care costs.</li> </ul>	<ul style="list-style-type: none"> <li>(866)-316-PANF (7263)</li> <li>Website <a href="https://www.patientaccessnetwork.org/">https://www.patientaccessnetwork.org/</a></li> <li>Email: <a href="mailto:contact@patientaccessnetwork.org">contact@patientaccessnetwork.org</a></li> <li><b>Patient Access Network Foundation</b> PO Box 221858 Charlotte NC 28222-1858</li> </ul>

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Patient Services, Inc	Varies	<ul style="list-style-type: none"><li>Services provided also varies depending on funding but mainly focuses on premium and co-payment assistance</li></ul>	<ul style="list-style-type: none"><li>(800) 366-7741</li><li>Website <a href="http://www.uneedpsi.org">http://www.uneedpsi.org</a></li><li>Patient Services Incorporated PO Box 1602 Midlothian, VA 23113</li><li>Fax: (804) 744-5407</li></ul>